

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	PATIENTS	ID NO.	DATE
	JP		06/25/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		5	7-06-01
FORMALITY REVIEW	A.M	JC 580	08-15-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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